

PAYMENT INSTRUCTION FORM FOR PAYMENTS TO SWEDEN

You must complete all sections of this form for us to update your record.

Personal Details

Your full name _____ Pension reference number _____
(a separate form must be completed if you have another membership with us)

Address _____
 _____ Postcode _____

Email address _____ Contact telephone number _____

National Insurance No _____

Existing Bank Details (where we currently pay your pension)

Name of bank _____ Account name _____

Please fill out the relevant details below from your existing bank account. *(include your sort code, bank address, account number (if UK bank). Or if overseas, your institution number, bank identification code, IBAN or routing number whichever is relevant to the bank).*

New Bank Details (where you would like your pension to be paid)

Name of bank/building society _____

Bank address _____

Account name _____
*(The account receiving your pension **must** bear your name)*

Account Type _____

Bank Identification Code

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Account number *(IBAN not applicable)*

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Declaration

In line with data protection and fraud prevention measures, it is important for us to verify your identity before we make any changes to your personal records. **We cannot accept this form if it's not signed.**

Signed _____

Date _____

Please post your completed form to: British Airways Pensions, PO Box 2074, 8 Castle Street, Liverpool, L69 2YL. Alternatively, you can email it to post.inbound@bapensions.com